



Date _____

Tracking Number _____

FEMA FLOOD MAP APPEAL

MASTER APPLICATION

Appeal Property Address _____

Relevant FIRM Map Panel _____ FIRM Date _____

APPELLANT (OWNER) INFORMATION

Name _____

Mailing Address _____

Organization/Entity (if applicable) _____

City _____ State _____ Zip _____

Email _____ Phone _____

CERTIFYING PROFESSIONAL INFORMATION

Name _____

Company Name (if applicable) _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

License Number _____

Choose Certified Professional Type :

Registered Professional Engineer

Licensed Land Surveyor

Other _____

NATURE OF APPEAL

☐ This is an appeal of the horizontal location, or contour of the flood zone boundary on the FIRMS

☐ This is an appeal to correct the identification of a street name that is mislabeled on the FIRMS.
Include a copy of a county, city or village map showing the correct street name.

☐ This is an appeal of base flood elevation (BFE) determinations
Choose one: scientifically incorrect BFEs or technically incorrect BFEs

☐ This is an appeal of any other aspect of the FIRMS or of the FIS.
Provide general description here:

Scientific or technical assessment information related to your appeal must be attached.

ACKNOWLEDGMENTS

I certify that the above information is true and correct to the best of my knowledge.

Applicant Signature _____ Date _____